

# Epitomes

## Important Advances in Clinical Medicine

### Dermatology

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in dermatology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers, or scholars to stay abreast of these items of progress in dermatology that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panel to the Section on Dermatology of the California Medical Association, and the summaries were prepared under its direction.*

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#### Cutaneous Manifestations of Human Immunodeficiency Virus Infection

CUTANEOUS DISEASE is extremely common in persons infected with the human immunodeficiency virus (HIV), with an incidence approaching 100%. Early in the course of the infection, often the only or most prominent manifestations are changes on the skin. Skin problems continue throughout a patient's lifetime and often notably reduce the quality of life because of the severity of the symptoms or the cosmetic consequences. Skin disorders seen in an HIV-infected person can be grouped into three large categories: infectious diseases such as persistent herpes simplex, mucocutaneous candidiasis, oral hairy leukoplakia (Epstein-Barr infection of the lateral aspects of the tongue), widespread or extensive facial molluscum contagiosum, dermatophyte infection, and bacterial folliculitis; noninfectious inflammatory diseases such as frequent drug reactions (especially to the combination of sulfamethoxazole and trimethoprim), seborrheic dermatitis, psoriasis, and other poorly understood pruritic dermatoses; and neoplasms such as Kaposi's sarcoma and lymphoma. In addition, HIV infection may prematurely age a person, leading to excessively dry skin, premature graying, and diffuse alopecia.

Infectious diseases, as a consequence of suppression of the immune system, still represent a major problem. Herpes simplex and herpes zoster are common, and now acyclovir-resistant strains have caused disease in patients with the acquired immunodeficiency syndrome (AIDS). A bacterium identical to or closely related to the agent causing cat-scratch disease has been shown to cause a chronic systemic infection in patients with AIDS or the AIDS-related complex. Skin lesions are usually the initial manifestation and appear as angiomatous papules, subcutaneous nodules, or cellulitic plaques. In addition, bone lesions and widespread visceral involvement may occur. Some of the initially identified patients died of airway obstruction. Erythromycin therapy is curative.

While the immune system is suppressed and unable to handle certain infectious diseases effectively, cutaneous hyperreactivity may also be seen. Pruritic dermatoses such as atopic dermatitis, photosensitivity, drug reactions, and severe insect bite reactions also may occur. These pruritic

eruptions are still largely uncharacterized but substantially reduce a person's quality of life, especially those with otherwise minimally symptomatic disease. In Africa and Haiti pruritic eruptions are the initial manifestation of HIV infection in about 50% of patients.

Kaposi's sarcoma remains the most common malignant neoplasm in AIDS patients but appears to be largely restricted to homosexual and bisexual men. While the total number of cases continues to increase, the incidence is falling. Therapy includes both local treatment such as radiation therapy or intralesional administration of vinblastine sulfate or systemic therapy such as interferon- $\alpha$  or single or combination chemotherapy. The response rates are lower than those seen in patients with classic Kaposi's sarcoma, however.

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#### REFERENCES

- Berger TG: Evaluation and treatment of pruritus in the HIV-infected patient, *In* Volberding P, Jacobson MA (Eds): *AIDS Clinical Review* 1989. New York, Marcel Dekker, 1989, pp 205-220
- Drew WL, Mills J, Hauer LB, et al: Declining prevalence of Kaposi's sarcoma in homosexual AIDS patients paralleled by fall in cytomegalovirus transmission (Letter). *Lancet* 1988; 1:66
- Erllich KS, Jacobson MA, Koehler JE, et al: Foscarnet therapy for severe acyclovir-resistant herpes simplex virus type-2 infections in patients with the acquired immunodeficiency syndrome (AIDS)—An uncontrolled trial. *Ann Intern Med* 1989; 110:710-713
- Koehler JE, LeBoit PE, Egbert BM, et al: Cutaneous vascular lesions and disseminated cat-scratch disease in patients with the acquired immunodeficiency syndrome (AIDS) and AIDS-related complex. *Ann Intern Med* 1988; 109:449-455

#### Diet and Atopic Dermatitis

DIET RELATES to atopic dermatitis in two main areas: food allergy and nutrition. Cases of food allergy exacerbating atopic dermatitis have been reported sporadically since the 1930s, and clearly some patients have itching and erythematous flaring after eating foods to which they show positive results on skin tests. Points of controversy include the incidence of true food-induced flaring of atopic dermatitis and the latent period after ingesting the allergen. While many investigators insist on the existence of delayed responses, even as long as four days after food ingestion, such claims are hard to prove given the myriad of other trigger factors that might be active during a prolonged period. The only reactions subjected to rigorous proof have been those of relatively rapid onset, with morbilliform lesions and itching present 30